

Attorney Trust Account Notification

Name of Attorney

Attorney Number

Name of Law Firm

Business Address

City

State

Zip Code

Name of Financial Institution

Business Address

City

State

Zip Code

Name of Account

Account Number

_____ New _____ Existing

Type of Account:

_____ Trust _____ Guardian

_____ Escrow _____ Estate

_____ Other _____

(Please Describe)

The undersigned hereby certifies that he/she is an attorney licensed to practice law in the State of Indiana and that the information indicated above provided to his/her financial institution is accurate. This information is provided to permit the financial institution to report all overdraft or insufficient funds occurrences to the Indiana Supreme Court Disciplinary Commission pursuant to Indiana Admission and Discipline Rule 23, Section 29.

Date: _____

Signature